OFFICE OF SECRETARY OF STATE
PROFESSIONAL LICENSING BOARDS DIVISION
GEORGIA COMPOSITE BOARD OF PROFESSIONAL COUNSELORS, SOCIAL WORKERS AND MARRIAGE AND FAMILY THERAPISTS
237 Coliseum Drive
Macon, Georgia 31217-3858
(478) 207-2440

CONSENT FORM

I authorize the **Georgia Composite Board of Professional Counselors, Social Workers, and Marriage & Family Therapist** to conduct a background investigation of me to determine my suitability for licensure. I give my consent for full and complete disclosure of all records and information concerning myself to the Board, their authorized representatives, or any other persons deemed necessary by the Board in determining my suitability, whether such records and information are of a public, private, or confidential nature, to include criminal history records. This authorization will remain in effect for the duration of my active licensure status with this state or until cancelled by me in writing.

_____
Applicant's Full Name (Printed)

_____

_____
Physical Address (P.O. Boxes **NOT** Accepted)

_____ _____ _____
Sex Race Date of Birth

_____
Social Security Number

Place of Birth (City/State): _____

Aliases or Maiden Name: _____

_____ _____
(Signature of Applicant) (Date)

License Type: Associate Professional Counselor